

The Department of Ecology does NOT Warranty the Data and/or the Information on this Well Report.

File Original and First Copy with
Department of Ecology

Second Copy — Owner's Copy
Third Copy — Driller's Copy

WATER WELL REPORT

STATE OF WASHINGTON

Water Right Permit No.

ENTERED

06459

130

29-3E-27A

(1) OWNER: Name Drummuir Association Address 3620 E Drummuir Rd Clinton WA

(2) LOCATION OF WELL: County Island 1/4 NW 1/4 Sec 27 T. 29 N. R. 3E W.M.

(2a) STREET ADDRESS OF WELL (or nearest address) 3620 E Drummuir Rd Clinton WA 98236

(3) PROPOSED USE: ☒ Domestic ☐ Industrial ☐ Municipal ☐
☐ Irrigation ☐ Test Well ☐ Other ☐
☐ DeWater

(4) TYPE OF WORK: Owner's number of well (if more than one) 2
Abandoned ☐ New well ☒ Method: Dug ☐ Bored ☐
Deepened ☐ Cable ☒ Driven ☐
Reconditioned ☐ Rotary ☐ Jetted ☐

(5) DIMENSIONS: Diameter of well 6 inches.
Drilled 277 feet. Depth of completed well 278 feet.

(6) CONSTRUCTION DETAILS:

Casing installed: 6 " Diam. from 0 ft. to 267 ft.
Welded ☒ Diam. from _____ ft. to _____ ft.
Liner installed ☐ Diam. from _____ ft. to _____ ft.
Threaded ☐ Diam. from _____ ft. to _____ ft.

Perforations: Yes ☐ No ☒

Type of perforator used _____

SIZE of perforations _____ in. by _____ in.

_____ perforations from _____ ft. to _____ ft.

_____ perforations from _____ ft. to _____ ft.

_____ perforations from _____ ft. to _____ ft.

Screens: Yes ☒ No ☐

Manufacturer's Name WESTCO

Type SS 4" x 10"

Model No. _____

Diam. 6 Slot size 12 from 267 ft. to 277 ft.

Diam. _____ Slot size _____ from _____ ft. to _____ ft.

Gravel packed: Yes ☐ No ☒ Size of gravel _____

Gravel placed from _____ ft. to _____ ft.

Surface seal: Yes ☒ No ☐ To what depth? 20 ft.

Material used in seal Benotite

Did any strata contain unusable water? Yes ☒ No ☐

Type of water? Seepage Depth of strata Layers

Method of sealing strata off Casing

(7) PUMP: Manufacturer's Name Meyers
Type: Submersible H.P. 1.5

(8) WATER LEVELS: Land-surface elevation 270 ft.

Static level 241 ft. below top of well Date 6/10/99

Artesian pressure N/A lbs. per square inch Date _____

Artesian water is controlled by _____ (Cap. valve, etc.)

(9) WELL TESTS: Drawdown is amount water level is lowered below static level

Was a pump test made? Yes ☒ No ☐ If yes, by whom? Driller

Yield: 15 gal./min. with 4 ft. drawdown after 1 hrs.

" " " "

" " " "

Recovery data (time taken as zero when pump turned off) (water level measured from well top to water level)

Time 0 Water Level 245 Time 1 min Water Level 241

Date of test 6/10/99

Bailer test 15 gal./min. with 4 ft. drawdown after 1 hrs.

Airtest _____ gal./min. with stem set at _____ ft. for _____ hrs.

Artesian flow _____ g.p.m. Date _____

Temperature of water _____ Was a chemical analysis made? Yes ☐ No ☒

(10) WELL LOG or ABANDONMENT PROCEDURE DESCRIPTION

Formation: Describe by color, character, size of material and structure, and show thickness of aquifers and the kind and nature of the material in each stratum penetrated, with at least one entry for each change of information.

MATERIAL	FROM	TO
TOP SOIL	0	1
CLAY & SAND GRAY	1	55
WATER SAND GRAY	55	58
LAYER CLAY & SAND GRAY	58	245
SAND W/ GRAY	245	277

RECEIVED

JUN 22 1999

DEPT OF ECOLOGY

Work Started 5/30/99 19. Completed 6/10 1999

WELL CONSTRUCTOR CERTIFICATION:

I constructed and/or accept responsibility for construction of this well, and its compliance with all Washington well construction standards. Materials used and the information reported above are true to my best knowledge and belief.

NAME Bob's Well Drilling
(PERSON, FIRM, OR CORPORATION) (TYPE OR PRINT)

Address 6104 S. Maxwellton Rd Clinton

(Signed) Joe Rth License No. 0264
(WELL DRILLER)

Contractor's
Registration
No. BOBBS10150 Date 6/15 1999

(USE ADDITIONAL SHEETS IF NECESSARY)

Ecology is an Equal Opportunity and Affirmative Action employer. For special accommodation needs, contact the Water Resources Program at (206) 407-6600. The TDD number is (206) 407-6006.



Well Tagging Form

Unique Well Tag No: ACS130

RECORD VERIFICATION (check ☒ one)

- ☒ Well Report available *(please attach this form to the well report and submit it to the Ecology Regional Office near you)*
- ☐ Verification inconclusive
- ☐ Well Report not available

WELL OWNERSHIP IF DIFFERENT FROM WELL REPORT

Name: Drummuir Water System

Street Address: 6475 S MAXWELTON RD

City: CLINTON

State: WA

RECEIVED

APR 05 2007

DEPT. OF ECOLOGY

WELL LOCATION IF DIFFERENT FROM WELL REPORT

Well Address: 3696 E. Drummuir/R32927-425-0250

City: Clinton

County: Island

T. 29N

R. 03E W.M.

Sec. 27

NW 1/4 of the NW 1/4

FOR AGENCY USE ONLY

Latitude: 47 58.54087

Longitude: 122 24.90393

Elevation at land surface 249 feet meters (circle one)

Additional Information, if available:

- ☐ Location marked on topographic map *(please attach)*
- ☐ Location marked on air photo *(please attach)*

- ☒ GPS
- ☐ Topographic Map
- ☐ Survey
- ☐ Computer generated

- ☐ Digital Altimeter
- ☐ Topographic Map
- ☒ Other: Computer Generated from DEM and GPS XY Coordinates

Tag placed and well
GPS'd by:



FOR AGENCY USE ONLY

WELL CHARACTERISTICS

Physical Description of well (size of casing, type of well, housing, etc.)

Drummuir Well #2 Is Behind Pumphouse With Blue Cap.

Location of Well Identification Tag:

Was supplemental tag needed for easy of identifying well?

☐

Yes

☒

No

If yes, where was tag placed?

D	C	B	A
E	F	G	H
M	L	K	J
N	P	Q	R

SECTION: 29N/03E-27

COMMENTS:

FOR ECOLOGY WATER RESOURCES PROGRAM ONLY

Water Right # _____

Date Issued: _____

Circle One: Application Permit Certificate Claim Exempt

File Original and First Copy with
Department of Ecology
Second Copy — Owner's Copy
Third Copy — Driller's Copy

WATER WELL REPORT

STATE OF WASHINGTON

Water Right Permit No.

ENTERED 06/4/99
UNIQUE WELL ID: 58130
29-3E-27EF

(1) OWNER: Name Drumheller Association Address 3600 E Drumheller Rd Clinton WA

(2) LOCATION OF WELL: County Island 1/4 NW 1/4 Sec 27 T29 N3E WM.

(2a) STREET ADDRESS OF WELL (or nearest address) 3600 E Drumheller Rd Clinton WA 99230

(3) PROPOSED USE: ☒ Domestic ☐ Industrial ☐ Municipal ☐
☐ Irrigation ☐ Test Well ☐ Other ☐
☐ DeWater

(4) TYPE OF WORK: Owner's number of well (if more than one) 2
Abandoned ☐ New well ☒ Method: Dug ☐ Bored ☐
Deepened ☐ Cable ☒ Driven ☐
Reconditioned ☐ Rotary ☐ Jetted ☐

(5) DIMENSIONS: Diameter of well 6 inches.
Drilled 277 feet. Depth of completed well 270 ft.

(6) CONSTRUCTION DETAILS:
Casing installed: 6 Diam. from 0 ft. to 267 ft.
Welded ☒ Diam. from ft. to ft.
Liner installed ☒ Diam. from ft. to ft.
Threaded ☐ Diam. from ft. to ft.

Perforations: Yes ☐ No ☒
Type of perforator used
SIZE of perforations in. by in.
 perforations from ft. to ft.
 perforations from ft. to ft.
 perforations from ft. to ft.

Screens: Yes ☒ No ☐
Manufacturer's Name UESCO
Type SS UELD Model No.
Diam. 6 Slot size 12 from 207 ft. to 277 ft.
Diam. Slot size from ft. to ft.

Gravel packed: Yes ☐ No ☒ Size of gravel
Gravel placed from ft. to ft.

Surface seal: Yes ☒ No ☐ To what depth? 20 ft.
Material used in seal BENOTITE
Did any strata contain unusable water? Yes ☒ No ☐
Type of water? Seepage Depth of strata Layers
Method of sealing strata off Casing

(7) PUMP: Manufacturer's Name Meyers
Type: Submersible H.P. 1.5

(8) WATER LEVELS: Land-surface elevation above mean sea level 270 ft.
Static level 271 ft. below top of well Date 6/10/99
Artesian pressure N/A lbs. per square inch Date
Artesian water is controlled by (Cap, valve, etc.)

(9) WELL TESTS: Drawdown is amount water level is lowered below static level
Was a pump test made? Yes ☒ No ☐ If yes, by whom? Driller
Yield: 15 gal./min. with 4 ft. drawdown after 1 hrs.

" " " " " "
" " " " " "
Recovery data (time taken as zero when pump turned off) (water level measured from well top to water level)
Time Water Level Time Water Level Time Water Level
0 245 1 min 241

Date of test 6/10/99
Bailer lost 15 gal./min. with 4 ft. drawdown after 1 hrs.
Airtest gal./min. with stem set at ft. for hrs.
Artesian flow g.p.m. Date
Temperature of water Was a chemical analysis made? Yes ☐ No ☒

(10) WELL LOG or ABANDONMENT PROCEDURE DESCRIPTION

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MATERIAL	FROM	TO
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(PERSON, FIRM, OR CORPORATION) (TYPE OR PRINT)
Address 6104 S. Maxwellton Det C
(Signed) Joe H. H. License No. 0264
(WELL DRILLER)

Contractor's Registration No. BOBBS10264 Date 6/15 19 99

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